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CONFIRMATION NO. 9145

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|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/211,942   | <b>FILING OR 371(c) DATE</b><br>12/15/1998<br><b>RULE</b>   | <b>CLASS</b><br>345           | <b>GROUP ART UNIT</b><br>2629   | <b>ATTORNEY DOCKET NO.</b><br>884.078US1 |                                |
| <b>APPLICANTS</b><br>JIM A. LARSON, BEAVERTON, OR;<br>BEN S. WYMORE, HILLSBORO, OR;  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b> <i>NO</i> <i>RLO</i>   |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <i>NO</i> <i>RLO</i>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/07/1999</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Richard L. O'Connell</i> <i>RLO</i><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>OR | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>15                | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>21186  |   |                               |   |  |                                |
| <b>TITLE</b><br>POINTING DEVICE WITH INTEGRATED AUDIO INPUT  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1078   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |